

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/569,315</b>		FILING DATE <b>2/21/06</b>					
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52	1					
3		1					53		1				
4		1					54	1					
5		1					55		2				
6		1					56		2				
7		1					57		2				
8		1					58		2				
9		1					59		2				
10		1					60		2				
11		1					61		2				
12		1					62		2				
13		1					63		2				
14		1					64		2				
15		1					65		2				
16		1					66		2				
17		1					67		2				
18		1					68		2				
19		1					69		2				
20		1					70		2				
21		1					71		2				
22		1					72		2				
23		1					73		2				
24		1					74		2				
25		1					75		2				
26		1					76		2				
27		1					77		2				
28		1					78		2				
29		1					79		2				
30		1					80		2				
31		1					81		2				
32		1					82		2				
33		1					83		2				
34		1					84		2				
35		1					85		2				
36		1					86		2				
37		1					87		2				
38	1						88		2				
39		1					89		2				
40		1					90		2				
41		1					91		2				
42		1					92		2				
43		1					93		2				
44		1					94		2				
45		1					95		2				
46		1					96		2				
47		1					97		2				
48		1					98		2				
49		1					99		2				
50		1					100		2				
TOTAL IND.		↓		↓		↓	TOTAL IND.	5	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	69	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	74					